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Docket No. 0216-0516PUS											
Application No.		Filing I		Examiner		Art Unit					
10/541,	776	July 8,	2005	Not Yet Assig	ned	ed N/A					
Applicant(s): Tos	hihiko OHASH	l et al.									
	-CONTAINING I FORMING A			E, AND COATING	COMPOS	ITION FOR					
MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 223 Transmitted here	313-1450 with is an ame			• •							
The fee has been calculated and is transmitted as shown below.											
	Claims	CLAIM Highest	S AS AMEN	DED							
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate							
Total Claims	30	- 24 =	6	x 300.00							
Independent Claims	2	- 3 =		х							
Multiple Dependent Claims (check if applicable)											
Other fee (please specify):											
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			\$300.00					
x Large Entity				Small Entity							
No additiona	al fee is require	d for this amer	ndment.								
Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.											
X A check in the	·			the filing fee is enc	losed.						
Payment by	Payment by credit card. Form PTO-2038 is attached.										
The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed.											
	ny overpaymer			•							
x Charge a	any additional fili	ing or application	n processing	fees required under	? ·						
of Gorald M. Murp		865		Dated:	ct. 18,	Zecs					
Attorney Reg. N			_ 10/2/	4/2005 ATRAN1 0000	0126 10541	ארדו					
BIRCH, STEW, 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	e Rd 'irginia 22040-		_ 	C:1615		300.00 OP					

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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Effec	tive on 12/08/2004.		Complete if Known										
Fees pursuant to the Consolid	Application N	Application Number		10/541,776									
FEE TR	ANSMI	TTAL	Filing Date			July 8, 2005							
For	FY 2005					Toshihiko OHASHI							
	1 1 2000	·	Examiner Na	Examiner Name N		Not Yet Assigned							
Applicant claims sm	all entity status. S	ee 37 CFR 1.27	Art Unit		N/A								
TOTAL AMOUNT OF PA	YMENT (\$) 300.00	Attorney Doc	Attorney Docket No. 0216-0516									
METHOD OF PAYMENT (check all that apply)													
X Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP													
For the above-ide	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayment of x Credit any overpayments													
FEE CALCULATION	11 37 CFK 1.16 8	inu 1.17			<u>-</u>								
1. BASIC FILING, SEAR	CH. AND EXAM	INATION FEES											
	•		EARCH FEES	EXAM	INATION FEES								
Amuliantian Your		Small Entity	Small Enti	ity	Small Entity								
Application Type	Fee (\$)	Fee (\$) Fee		Fee (\$		Fees P	aid (\$)						
Utility	300	150 50		200	100								
Design	200	100 10		130	65								
Plant	200	100 30		160	80								
Reissue	300	150 50		600	300								
Provisional	200	100) 0	0	0								
2. EXCESS CLAIM FEES	•						Small Entity Fee (\$)						
Fee Description Each claim over 20 (inclu			Fee (\$)										
Each independent claim of			50	25									
Multiple dependent claim		g Reissues)				200	100 180						
· · ·	a Claims Fe	Daid (#)		Multimla Damanda	360	180							
	Paid (\$)	_		tiple Dependent Claims (\$) Fee Paid (\$)									
-30=	×	=		Ξ.	Fee (\$) F	ee Palu (\$)							
Indep. Claims Extr	a Claims Fe	e (\$) Fee	Paid (\$)										
3 =	x												
3. APPLICATION SIZE FEE													
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer													
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50													
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) . Fee Paid (\$)													
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): 1615 National Stage claims - extra total (over twenty) 300.00													
SUBMITTED BY													
Signature	/==/lit	1 432868	Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205	-8000						
Name (Print/Types Gelald M. Murphy, Jr. Date /2 18 200													
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